

cont.

PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PATENT APPLICATION FEE DETERMINATION RECORD</b> Substitute for Form PTO-875						Application or Docket Number <span style="font-size: 1.2em;">09607070</span>																									
<b>CLAIMS AS FILED - PART I</b> (Column 1) (Column 2)						<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>																									
FOR	NUMBER FILED	NUMBER EXTRA																													
BASIC FEE (37 CFR 1.16(a))																															
TOTAL CLAIMS (37 CFR 1.16(c))	31	minus 20 =	.	11																											
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1	minus 3 =	.	-																											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))																															
* If the difference in column 1 is less than zero, enter "0" in column 2.																															
<b>CLAIMS AS AMENDED - PART II</b> (Column 1) (Column 2) (Column 3)						<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>																									
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																										
	Total (37 CFR 1.16(c))	36	Minus	37	=	1																									
	Independent (37 CFR 1.16(b))	5	Minus	5	=	1																									
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																														
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																										
	Total (37 CFR 1.16(c))	*	Minus	**	=																										
	Independent (37 CFR 1.16(b))	*	Minus	***	=																										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																										
	Total (37 CFR 1.16(c))	*	Minus	**	=																										
	Independent (37 CFR 1.16(b))	*	Minus	***	=																										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td>X \$</td> <td></td> </tr> <tr> <td>X \$</td> <td></td> </tr> <tr> <td>+ \$</td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> </tr> </table>						RATE	FEE		\$	X \$		X \$		+ \$		TOTAL		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td>X \$</td> <td></td> </tr> <tr> <td>X \$</td> <td></td> </tr> <tr> <td>+ \$</td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> </tr> </table>		RATE	FEE		\$	X \$		X \$		+ \$		TOTAL	
RATE	FEE																														
	\$																														
X \$																															
X \$																															
+ \$																															
TOTAL																															
RATE	FEE																														
	\$																														
X \$																															
X \$																															
+ \$																															
TOTAL																															

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

67/661070

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	31 minus 20 =	11
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	32 Minus	31	= 1
Independent	5 Minus	3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

84  
2  
168

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	30 Minus	32	= -
Independent	6 Minus	5	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	37 Minus	32	= 5
Independent	5 Minus	5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY

TYPE ☐

OR

OTHER THAN

SMALL ENTITY

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	198
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	878.00

SMALL ENTITY

TYPE ☐

OR

OTHER THAN

SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	18
X39=		OR	X78=	168
+130=		OR	+260=	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	90
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	90